



25th Annual Diabetes Program's Run Against Diabetes 2012

5k, 2-Mile, 1-Mile Walk & Kids Dash 0.5 (12 & under)

All Walkers & Runners Welcome to participate!
SALT RIVER HIGH SCHOOL ATHLETIC BUILDING
 (4827.North Country Club Dr)
SATURDAY, OCTOBER 13, 2012

TIME:

On-site registration & packet pickup starts at 6:45 am – 7:30 am.

First event starts at 7:45 am

ENTRY FEE:

For non Community members:

- 12 & under \$5.00 (day of \$10.00)
- 13 – 54 yrs \$10.00 (day of \$15.00)
- Seniors 55+ - \$5.00 (day of \$5.00)
- Individuals with Diabetes – Fee Waived

SRPMIC COMMUNITY MEMBER - Fee Waived

Please provide your SRPMIC Tribal ID # on registration.

Make money orders payable to :

Diabetes Program

Mail to:

Diabetes Program

Health Service Building #13

10,005 E. Osborn Rd

Scottsdale, AZ 85256

Deadline: October, Friday 12, 2012(post marked)

START TIME 7:45AM:

Kids Dash 0.5 (12 & under)

1st, 2nd and 3rd (age group 4-7 and 8-12)

START TIME 8:00AM:

2-Mile

Age groups: 1st & 2nd Male & Female

12 & under, 13-59, 60+

START TIME 8:05 AM:

5k:

Age groups: 1st, and 2nd Male & Female

12 & under, 13-16, 17-19, 20-29, 30-39, 40 –49, 50 – 59, 60+

START TIME 8:10 AM:

1-Mile Walk

Traveling Community Award:

This is awarded to Native Community who has traveled & whom has the most participants in the event.



Questions Call:
480-362-7342 (Roberta Johnston)
480-362-7320 (Fitness Staff)

Registration Form:		T-shirt Size (please circle one): Adult: S M L XL 2XL 3XL					
Please circle event you will be participating in:		5k	2-Mile	1-Mile Walk	Kid's Dash (12 and under)	4-7	or 8-12
First Name:				Last Name:			
Sex: Male Female	DOB: / /		Age Day of Race:		SRPMIC ID#: 615-U-		
Address Number and Street:							
City:		State:			Zip:		
Email Address:				Phone: () ---			
SRPMIC Community Member: YES NO		SRPMIC Community Resident: YES NO		SRPMIC Community Employee: YES NO			
Other Community:				Do you have Diabetes: YES NO (entry fee is waived)			
<p>In consideration of my participation in the Health Services' Disease Prevention Program's 25th Annual Run Against Diabetes on Saturday, October 13, 2012, I hereby for myself, my heirs, my executors and administrators waive any and all rights and claims for damages I may have against Salt River Health Services Department, Disease Prevention Program, Salt River Pima-Maricopa Indian Community, the groups, the sponsors, and any individual associated with the event for any claim damages or injuries sustained by me during the fitness event/program.</p>							
Participants Signature: _____				Date: _____			
(Need Guardian's Signature, if under the age of 18 yrs.)							